

**Instructions:** This is an application for laboratory certification and registration in the State of Wisconsin. The application is only one part of the certification process; completing and submitting an application does not constitute certification. Complete certification requirements are available in the Program Information and Requirements Booklet (PUBL-TS-007-98). For additional information, contact the Laboratory Certification and Registration Program:

Telephone: (608) 267-7633  
FAX: (608) 266-5226  
E-mail: LabCert@dnr.state.wi.us  
Program Homepage: <http://www.dnr.state.wi.us/org/es/science/lc/>

**Notice:** Authorization for this form is contained in ss. 299.11(7)(f), Wis. Stats, and NR 149.07(1), Wis. Adm. Code. Completion of this form is mandatory if your laboratory intends to become certified or registered in the State of Wisconsin. The Wisconsin Department of Natural Resources will not grant certification or registration in the State of Wisconsin if the laboratory fails to complete this form. Personally identifiable information on this form will be used by the Wisconsin DNR only for the purposes of laboratory certification. The Department may also provide this information to requesters under Wisconsin's open records law [ss. 19.31-19.39, Wis. Stats.].

### Facility and Contact Information

<i>List the following in the box provided for each item.</i>			WI Facility Identification Number (FID)	
Facility Name		Telephone	FAX	
Laboratory Location Address	City	State	Zip	
Mailing Address, if different from above	City	State	Zip	
Name of Laboratory Director	Telephone	E-mail Address		
Name of QA Officer	Telephone	E-mail Address		
Name of Laboratory Certification or Registration Contact	Telephone	E-mail Address		
Name of Billing Contact	Federal Employer Identification Number			

### Part 1: Application Type

#### Initial Application

- ☐ Not currently certified or registered by WI

Our lab is applying for:

- ☐ Certification  
☐ Registration  
☐ Reciprocity

#### Revised Application

- ☐ Adding test categories or parameters within a test category  
☐ Laboratory Name Change  
☐ Ownership Transfer

Previous Laboratory Name, if applicable:

## Part 2: Laboratory Information

Please identify the primary function of your laboratory, and the sample types routinely analyzed.

### LABORATORY TYPE (CHECK ONE)

- |   |  |
|---|--|
| <input type="checkbox"/> Commercial           | <input type="checkbox"/> Landfill                                |
| <input type="checkbox"/> Municipal Wastewater | <input type="checkbox"/> Public Water Supply                     |
| <input type="checkbox"/> Industrial           | <input type="checkbox"/> Transfer, Storage and Disposal Facility |
| <input type="checkbox"/> Public Health        | <input type="checkbox"/> Mobile Commercial                       |

### TYPES OF SAMPLES PROCESSED (CHECK ALL THAT APPLY)

- |   |   |
|---|---|
| <input type="checkbox"/> Wastewater Effluent (Domestic)   | <input type="checkbox"/> Public Water Supply                      |
| <input type="checkbox"/> Industrial Pretreatment Effluent | <input type="checkbox"/> Private Water Supply                     |
| <input type="checkbox"/> Wastewater Treatment Sludge      | <input type="checkbox"/> Hazardous Waste Determinations           |
| <input type="checkbox"/> Groundwater                      | <input type="checkbox"/> Sludge (other than wastewater)           |
| <input type="checkbox"/> Surface Waters                   | <input type="checkbox"/> Tissue                                   |
| <input type="checkbox"/> Soils/Sediment                   | <input type="checkbox"/> LUST (Leaking Underground Storage Tanks) |
| <input type="checkbox"/> Other (specify)                  | <input type="checkbox"/> Other (specify)                          |

## Part 3: Application Fees

Initial applications require both an initial application fee and base fee. Enter the amount(s) due for this application.

	FY 2007 Fee	Amount Due
<b>Initial Applications</b>		
<input type="checkbox"/> Initial Application Fee	\$348.00	
<input type="checkbox"/> Annual Certification Base Fee	\$870.00	
<input type="checkbox"/> Annual Registration Base Fee	\$580.00	
<input type="checkbox"/> Annual Reciprocity Base Fee	\$1,740.00	
<b>Revised Applications Only</b>		
<input type="checkbox"/> Revised Application Fee	\$174.00	
	<b>Subtotal:</b>	

## Part 4: Test Category Fees

For **Initial** applications: place a check before each test category for which certification or registration is requested. Enter the amount due for each test category.

For **Revised** applications: place a check before each test category for which certification or registration is requested. If you are adding a new test category, enter the amount due for each new test category. If you are adding tests within a category for which you are currently certified or registered, enter "0" as the amount due.

**Reciprocity Applications** Test Category Fees are not charged for reciprocity laboratories. Enter "0" as the amount due.

**The following fee schedule is effective July 1, 2006 and is subject to change July 1, 2007**

CATEGORY		FY 2007 FEE	AMOUNT DUE
<input type="checkbox"/> 1	Oxygen Utilization (BODs)	58.00	
<input type="checkbox"/> 2	Nitrogen	58.00	
<input type="checkbox"/> 3	Phosphorus	58.00	
<input type="checkbox"/> 4	Physical (Solids, Oil & Grease)	58.00	
<input type="checkbox"/> 5	General I	116.00	
<input type="checkbox"/> 6	General II	116.00	
<input type="checkbox"/> 7	General III	232.00	
<input type="checkbox"/> 8	Metals I	232.00	
<input type="checkbox"/> 9	Metals II	232.00	
<input type="checkbox"/> 10	Organic; Purgeables	232.00	
<input type="checkbox"/> 11	Organic; Semivolatiles by GC	232.00	
<input type="checkbox"/> 12	Organic; Semivolatiles by GC/MS (BNAs)	232.00	
<input type="checkbox"/> 13	Organic; Liquid Chromatography	232.00	
<input type="checkbox"/> 14	Organic; Pesticides	232.00	
<input type="checkbox"/> 15	Organic; Petroleum Hydrocarbons	696.00	
<input type="checkbox"/> 16	Organic; Organochlorine Compounds	232.00	
<input type="checkbox"/> 17	Organic; Dioxins	696.00	
<input type="checkbox"/> 18	Safe Drinking Water	1,160.00	
<input type="checkbox"/> 18a	Safe Drinking Water- Nitrate and Nitrite Only	116.00	
<input type="checkbox"/> 18b	Safe Drinking Water- Nitrate, Nitrite and Fluoride Only	232.00	
<input type="checkbox"/> 19	Any Single Analyte (fee per analyte or analyte group)	232.00	
<input type="checkbox"/> 20	Effluent Toxicity	1,508.00	
<input type="checkbox"/> 21	Immunoassay	232.00	
		<b>Subtotal:</b>	

## Part 5: Total Amount Due

**Calculate the total fee due** for this application and enclose a check payable to the **Wisconsin Department of Natural Resources** for the amount indicated:

1) Subtotal from Part 3 \_\_\_\_\_

2) Subtotal from Part 4 \_\_\_\_\_

3) Total Fee (sum lines 1 and 2 above)  
(see *Minimum Annual Fee* below)

**Minimum Annual Fee Due** - Per s. 149.05(1)(d), Wis. Admin. Code, laboratories must pay the minimum annual certification fee if they are submitting an initial application for certification in any of test categories 5-19, not including 18a and/or 18b only, and the total fee recorded in line 3 above is less than \$1,392.00.

Laboratories are exempt from the minimum annual fee requirement if:

- They are applying for registration,
- They are currently certified and are submitting a revised application to add tests or test categories, or
- They are seeking certification in test categories 18a and/or 18b only.

☐ Total is less than minimum fee. Laboratory is paying minimum annual certification fee of \$1,392.00

## Part 6: Additional Information Required With Application

Submit all of the data and information asked for in this section with your application. Applications received without all of the information outlined in this section will be considered incomplete, which will delay processing.

**Equipment List** - Submit a current list of analytical equipment used by the laboratory to perform the test methods identified below.

**Reference Samples** - Attach copy of acceptable reference sample (also known as PT, PE) results from at least one of the approved reference sample providers for each test or test categories for which certification or registration is desired. These results must have been completed within six months of the date of application. Make sure that the sample contains the proper analytes and concentration levels. Contact the Laboratory Certification and Registration Program or visit our website for a current list of approved providers.

***Note:** Reference samples are not required for Category 02 - Nitrite, Category 06 - Sulfide, Category 07 - all analytes, Category 17 - Dioxin, Category 20 - Effluent Toxicity and Category 21- Immunoassay.*

*Several categories only require acceptable results on "key analytes" for all the analytes in the category. The key analytes and categories are: Category 01- Biochemical Oxygen Demand, Category 03- Total Phosphorus, Category 04- Total Suspended Solids and Category 05 - Hardness. Categories 10 - 16 have special requirements for representative samples.*

**Proof of Intent to Perform Work in Wisconsin**- Labs applying for initial certification or reciprocity are required to attach a statement indicating proof of intent to perform analytical work in Wisconsin. Examples of an acceptable proof would be a letter from a potential client, an affiliated office in Wisconsin or a bid proposal.

**Quality Assurance/Quality Control** - The laboratory is required to maintain, at a minimum, the quality assurance program outlined in sec. NR 149.14, Wis. Adm. Code. Components of a laboratory quality assurance program to be submitted with this application include:

- Initial demonstration of capability (IDC, also known as initial precision and recovery, IPR), as listed below;
- Detection limit (MDLs, also known as limit of detection, LOD) studies, as listed below; and
- Quality Assurance Plan, only if an initial application.

Initial Demonstration of Capability and Method Detection Limits		
Specific information concerning the requirements regarding minimum limits of detection and Wisconsin's low-level reporting rule can be found in the Program Information and Requirements Booklet (PUBL-TS-007-98).		
Test Category	Analytes	Required Data
4	Hexane Extractable Materials	MDL and IPR as specified in EPA Method 1664
2, 3, 5 or 6	Anions by Ion Chromatography	MDLs for each analyte under application
13	Polycyclic Aromatic Hydrocarbons; Aldehydes and Ketones; Carbamate and Urea-Substituted Pesticides; Explosive Residues	MDLs and IDCs for each method and analyte under application
14	Acid Herbicides; Organophosphorus Pesticides; Nitrogen, Triazine and Metabolite Pesticides	MDLs and IDCs for each method and analyte under application
15	Gasoline Range Organics; Diesel Range Organics; Petroleum Volatile Organics	MDLs and IDCs by the Wisconsin methods are required in both soil and water matrices.
16	Organochlorine Pesticides; Polychlorinated Biphenyls	MDLs and IDCs for each method and analyte under application
18	All analytes covered under the Safe Drinking Water test category	MDLs are required for all inorganic and organic analytes IDCs are required only for the organic analytes

Per s. NR 149.07(1)(d), Wis. Adm. Code, the Department may request, on a case-by-case basis, any additional information necessary to demonstrate a laboratory's compliance with the requirements of this chapter.

## Part 7: Method References

Laboratories must follow approved methods as identified in s. NR 149.11(1), Wis. Adm. Code, for covered programs. Specific authoritative sources are listed in NR 149.03(5), Wis. Adm. Code.

<i>Specify the edition used. Lines K-M may be used for additional references.</i>	<i>Edition</i>
A. Standard Methods for the Examination of Water and Wastewater, American Public Health Association	
B. Methods for Chemical Analysis of Water and Wastes, U.S. EPA	
C. 40 CFR 136 Appendix A, Methods for Organic Chemical Analysis of Municipal and Industrial Wastewater (600 series methods)	
D. Methods for the Determination of Organic Compounds in Drinking Water, EPA/600/4-88/039 and supplements	
E. Methods for the Determination of Metals in Environmental samples, EPA/600/4-91/010, June 1991 and supplements	
F. Methods for the Determination of Inorganic Substances in Environmental Samples, EPA/600/R-93/100, August 1993 and supplements	
G. Test Methods for Evaluating Solid Waste, Physical/Chemical Methods, SW-846, U.S. EPA	
H. Annual Book of ASTM Standards, Sections 11.01 and 11.02, Water and Environmental Technology	
I. Official Methods of Analysis of the Association of Official Analytical Chemists, Association of Official Analytical Chemists	
J. WI Modified DRO and GRO Methods, WI-PUBL-SW-141 and WI-PUBL-SW-140, September 1995	
K.	
L.	
M.	

## Part 8: Analytical Methods

Complete the following, listing the analytical method used for each analyte and matrix within each test category for which certification or registration is requested. These methods shall be the analytical method required by applicable state or federal regulation or permit, or as approved under s. NR 149.12, Wis. Adm. Code. If regulatory agency or permit does not prescribe the analytical method, the method shall be selected from an authoritative source specified by the Department in s. NR 149.03(5), Wis. Adm. Code.

For matrices other than wastewater or solid/hazardous waste (e.g., groundwater), list the analytical method in the column titled "Other". For drinking water, go to Category 18 to list analytical methods.

Test Category/Analyte	Wastewater	Solid/Hazardous Waste	Other (specify matrix)
<b>EXAMPLES</b>			
<input checked="" type="checkbox"/> Biochemical Oxygen Demand	A; 5210		
<input checked="" type="checkbox"/> Nitrate as Nitrogen	A;4500-NO3 F		Groundwater: G; 9056
<input checked="" type="checkbox"/> Volatile Organic Compounds		D;8021 <u>and</u> 8260	
<b>01 Oxygen Utilization</b>			
<input type="checkbox"/> Biochemical Oxygen Demand			
<input type="checkbox"/> Carbonaceous BOD			
<b>02 Nitrogen</b>			
<input type="checkbox"/> Nitrate as Nitrogen			
<input type="checkbox"/> Nitrite as Nitrogen			
<input type="checkbox"/> Nitrate + Nitrite as Nitrogen			
<input type="checkbox"/> Ammonia as Nitrogen			
<input type="checkbox"/> Total Kjeldahl Nitrogen			

03 Phosphorus	Wastewater	Solid/Haz. Waste	Other (specify )
<input type="checkbox"/> Total Phosphorus			
<input type="checkbox"/> Orthophosphate			
<b>04 Physical</b>			
<input type="checkbox"/> Total Suspended Solids			
<input type="checkbox"/> Total Solids			
<input type="checkbox"/> Total Dissolved Solids			
<input type="checkbox"/> Total Volatile Solids			
<input type="checkbox"/> Total Volatile Suspended Solids			
<input type="checkbox"/> Oil and Grease			
<input type="checkbox"/> Hexane Extractable Material			
<b>05 General I</b>			
<input type="checkbox"/> Alkalinity/Acidity			
<input type="checkbox"/> Bromide			
<input type="checkbox"/> Chlorophyll a			
<input type="checkbox"/> Color			
<input type="checkbox"/> Hardness			
<input type="checkbox"/> Silica			
<input type="checkbox"/> Silicate			
<input type="checkbox"/> Sulfite			
<input type="checkbox"/> Surfactants			
<b>06 General II</b>			
<input type="checkbox"/> Chemical Oxygen Demand			
<input type="checkbox"/> Chloride			
<input type="checkbox"/> Cyanide			
<input type="checkbox"/> Fluoride			
<input type="checkbox"/> Sulfate			
<input type="checkbox"/> Sulfide			
<input type="checkbox"/> Total Phenolic Compounds			
<b>07 General III</b>			
<input type="checkbox"/> Ignitability			
<input type="checkbox"/> Corrosivity			
<input type="checkbox"/> Reactivity			
<input type="checkbox"/> Reactive Cyanide (Total Releasable CN)*			
<input type="checkbox"/> Reactive Sulfide (Total Releasable S <sup>-2</sup> )*			
<input type="checkbox"/> Waste Fingerprinting Analyses			

\* Note: This is a preparatory procedure. Laboratories applying for these tests must also apply for the appropriate determinative procedure.

07 General III (continued)	Wastewater	Solid/Haz. Waste	Other (specify )
<input type="checkbox"/> Total Organic Carbon			
<input type="checkbox"/> Total Organic Halide (Includes AOX)			
<input type="checkbox"/> TCLP Extraction*			
<input type="checkbox"/> SPLP Extraction*			
<input type="checkbox"/> EP Toxicity*			
<b>08 Metals I</b>			
<input type="checkbox"/> Aluminum			
<input type="checkbox"/> Antimony			
<input type="checkbox"/> Arsenic			
<input type="checkbox"/> Barium			
<input type="checkbox"/> Beryllium			
<input type="checkbox"/> Boron			
<input type="checkbox"/> Cadmium			
<input type="checkbox"/> Calcium			
<input type="checkbox"/> Chromium, Hexavalent			
<input type="checkbox"/> Chromium, Total			
<input type="checkbox"/> Cobalt			
<input type="checkbox"/> Copper			
<input type="checkbox"/> Iron			
<input type="checkbox"/> Lead			
<input type="checkbox"/> Magnesium			
<input type="checkbox"/> Manganese			
<input type="checkbox"/> Mercury			
<input type="checkbox"/> Molybdenum			
<input type="checkbox"/> Nickel			
<input type="checkbox"/> Potassium			
<input type="checkbox"/> Selenium			
<input type="checkbox"/> Silver			
<input type="checkbox"/> Sodium			
<input type="checkbox"/> Strontium			
<input type="checkbox"/> Thallium			
<input type="checkbox"/> Tin			
<input type="checkbox"/> Vanadium			
<input type="checkbox"/> Zinc			

\* Note: This is a preparatory procedure. Laboratories applying for these tests must also apply for the appropriate determinative procedure.

09 Metals II	Wastewater	Solid/Haz. Waste	Other (specify )
<input type="checkbox"/> Bismuth			
<input type="checkbox"/> Gold			
<input type="checkbox"/> Iridium			
<input type="checkbox"/> Lithium			
<input type="checkbox"/> Osmium			
<input type="checkbox"/> Palladium			
<input type="checkbox"/> Platinum			
<input type="checkbox"/> Rhodium			
<input type="checkbox"/> Ruthenium			
<input type="checkbox"/> Silicon			
<input type="checkbox"/> Titanium			
<input type="checkbox"/> Tungsten			
<input type="checkbox"/> Zirconium			
<b>10 Purgeables by GC or GC/MS</b>			
<input type="checkbox"/> Acrolein & Acrylonitrile			
<input type="checkbox"/> Ethylene Dibromide (EDB) and Dibromochloroprompane (DBCP) by Microextraction			
<input type="checkbox"/> Glycols			
<input type="checkbox"/> Purgeable Aromatics			
<input type="checkbox"/> Purgeable Halocarbons			
<input type="checkbox"/> Volatile Organic Compounds			
<b>11 Semivolatiles by GC (no GC/MS methods)</b>			
<input type="checkbox"/> Acid Extractables			
<input type="checkbox"/> Phenolic Compounds			
<input type="checkbox"/> Base/Neutral Extractables			
<input type="checkbox"/> Haloethers			
<input type="checkbox"/> Nitroaromatics and Isophorone			
<input type="checkbox"/> Nitrosamines			
<input type="checkbox"/> Nonpurgeable Chlorinated Hydrocarbons			
<input type="checkbox"/> Phthalate Esters			
<input type="checkbox"/> Polynuclear Aromatic Hydrocarbons			
<b>12 Semivolatiles by GC/MS (BNAs)</b>			
<i>This category does not include acid herbicides, nitrogen, organochlorine or organophosphorus pesticides. You <u>must</u> be certified in categories 14 and/or 16 to report pesticides, even if your laboratory analyzes them using traditional semivolatile techniques.</i>			
<input type="checkbox"/> Base/Neutral Acid Extractables			
<input type="checkbox"/> PAHs by Selected Ion Monitoring (SIM) GC/MS			



13 Extractables by Liquid Chromatography	Wastewater	Solid/Haz. Waste	Other (specify )
<input type="checkbox"/> Acrylamide			
<input type="checkbox"/> Acrylonitrile and Acrolein			
<input type="checkbox"/> Aldehydes and Ketones			
<input type="checkbox"/> Benzidines			
<input type="checkbox"/> Carbamate Pesticides			
<input type="checkbox"/> Diquat and Paraquat			
<input type="checkbox"/> Explosive Residues			
<input type="checkbox"/> Polynuclear Aromatic Hydrocarbons			
<input type="checkbox"/> Substituted Urea Pesticides			
<b>14 Pesticides (GC or GC/MS)</b>			
<input type="checkbox"/> Acid Herbicides			
<input type="checkbox"/> 2,4-D and Silvex Only			
<input type="checkbox"/> Dinoseb Only			
<input type="checkbox"/> Nitrogen Pesticides (includes Triazines)			
<input type="checkbox"/> Triazine Pesticides and Metabolites Only			
<input type="checkbox"/> Organophosphorus Pesticides			
<input type="checkbox"/> Other Pesticides			
<b>15 Petroleum Hydrocarbons</b>			
<input type="checkbox"/> Diesel Range Organics (DRO)			
<input type="checkbox"/> Gasoline Range Organics (GRO)			
<input type="checkbox"/> Petroleum Volatile Organics (PVOC)			
<b>16 Organochlorine Compounds</b>			
<input type="checkbox"/> Organochlorine Pesticides			
<input type="checkbox"/> Polychlorinated Biphenyls (PCBs)			
<b>17 Polychlorinated Dibenzo-<i>p</i>-Dioxin</b>			
<input type="checkbox"/> Polychlorinated Dibenzo- <i>p</i> -Dioxin			
<input type="checkbox"/> Polychlorinated Dibenzo- <i>p</i> -Furan			

**SAFE DRINKING WATER ANALYTES**

Test Category/Analyte	Drinking Water
<b>18 Safe Drinking Water</b>	
INORGANIC CHEMICALS	
<input type="checkbox"/> Asbestos (acceptance of another agency's program when a variance request is made under s. NR 149.45)	

Test Category/Analyte	Drinking Water
<b>INORGANIC CHEMICALS</b>	
<input type="checkbox"/> Cyanide	
<input type="checkbox"/> Fluoride	
<input type="checkbox"/> Nitrate-Nitrogen	
<input type="checkbox"/> Nitrite-Nitrogen	
<input type="checkbox"/> Nitrate + Nitrite as N	
<input type="checkbox"/> Sulfate	
<b>METALS</b>	
<input type="checkbox"/> Antimony	
<input type="checkbox"/> Arsenic	
<input type="checkbox"/> Barium	
<input type="checkbox"/> Beryllium	
<input type="checkbox"/> Cadmium	
<input type="checkbox"/> Chromium	
<input type="checkbox"/> Copper	
<input type="checkbox"/> Lead	
<input type="checkbox"/> Mercury	
<input type="checkbox"/> Nickel	
<input type="checkbox"/> Selenium	
<input type="checkbox"/> Sodium	
<input type="checkbox"/> Thallium	
<b>DISINFECTION BYPRODUCTS</b>	
<input type="checkbox"/> Bromate	
<input type="checkbox"/> Chlorite	
<input type="checkbox"/> HALOACETIC ACIDS (five) (HAA5) (Monochloroacetic acid, Dichloroacetic acid, Trichloroacetic acid, Bromoacetic acid, Dibromoacetic acid )	
<input type="checkbox"/> TOTAL TRIHALOMETHANES (TTHM) (Bromodichloromethane, Bromoform, Chlorodibromomethane, Chloroform)	
<b>ORGANICS</b>	
<input type="checkbox"/> REGULATED VOLATILE ORGANICS (VOC) (Benzene, Carbon Tetrachloride, Chlorobenzene, <i>o</i> -Dichlorobenzene, <i>p</i> -Dichlorobenzene, 1,2-Dichloroethane, 1,1-Dichloroethylene, <i>cis</i> -1,2-Dichloroethylene, <i>trans</i> -1,2-Dichloroethylene, 1,2-Dichloropropane, Ethylbenzene, Methylene Chloride, Styrene, Tetrachloroethylene, Toluene, 1,2,4-Trichlorobenzene, 1,1,1-Trichloroethane, 1,1,2-Trichloroethane, Trichloroethylene, Xylenes ( <i>m</i> + <i>o</i> + <i>p</i> ), and Vinyl Chloride)	
<input type="checkbox"/> EDB and DBCP Ethylene dibromide (EDB), Dibromochloropropane (DBCP)	
<input type="checkbox"/> CHLORINATED PESTICIDES by GC (Chlordane, Endrin, Heptachlor, Heptachlor epoxide, Lindane, Methoxychlor, Toxaphene)	
<input type="checkbox"/> CHLORINATED PESTICIDES by GC/MS (Chlordane, Endrin, Heptachlor, Heptachlor epoxide, Lindane, Methoxychlor, Toxaphene)	

Test Category/Analyte	Drinking Water
<input type="checkbox"/> POLYCHLORINATED BIPHENYLS (PCB) as Decachlorobiphenyl	
<input type="checkbox"/> NITROGEN/PHOSPHORUS PESTICIDES by GC (Alachlor, Atrazine, Simazine)	
<input type="checkbox"/> NITROGEN/PHOSPHORUS PESTICIDES by GC/MS (Alachlor; Atrazine; Simazine)	
<input type="checkbox"/> ACID HERBICIDES by GC (2,4,-D, 2,4,5-TP [Silvex], Dalapon, Dinoseb, Pentachlorophenol, Picloram)	
<input type="checkbox"/> ACID ORGANICS by GC/MS (Pentachlorophenol)	
<input type="checkbox"/> LC PESTICIDES (Carbofuran, Oxamyl [Vydate], Aldicarb, Aldicarb sulfone, Aldicarb sulfoxide)	
<input type="checkbox"/> CHLORINATED HYDROCARBONS by GC (Hexachlorobenzene, Hexachlorocyclopentadiene)	
<input type="checkbox"/> CHLORINATED HYDROCARBONS by GC/MS (Hexachlorobenzene; Hexachlorocyclopentadiene)	
<input type="checkbox"/> PHTHALATES by GC (Bis[2-ethylhexyl]adipate, Bis[2-ethylhexyl]phthalate)	
<input type="checkbox"/> PHTHALATES by GC/MS (Bis[2-ethylhexyl]adipate, Bis[2-ethylhexyl]phthalate)	
<input type="checkbox"/> PAHs by HPLC (Benzo(α)pyrene)	
<input type="checkbox"/> PAHs by GC/MS (Benzo(α)pyrene)	
<b>MISCELLANEOUS PESTICIDES &amp; HERBICIDES</b>	
<input type="checkbox"/> Diquat	
<input type="checkbox"/> Endothall	
<input type="checkbox"/> Glyphosate	
<input type="checkbox"/> Dioxin (2,3,7,8-TCDD)	

**END OF SAFE DRINKING WATER ANALYTES**

Test Category/Analyte	Wastewater	Solid/Hazardous Waste	Other
<b>19 Any Single Analyte or Analyte Group</b>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>20 Effluent Toxicity</b>			
<input type="checkbox"/> Acute Invertebrate Toxicity			
<input type="checkbox"/> Acute Vertebrate Toxicity			
<input type="checkbox"/> Chronic Invertebrate Toxicity			
<input type="checkbox"/> Chronic Vertebrate Toxicity			
<b>21 Immunoassay</b>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

PLEASE NOTE:

- In accordance with s. NR 149.07(3), Wis. Adm. Code, a laboratory may not apply and the Department may not accept application for additional certification or registration or reapplication when: (a) a notice of violation has been issued for a violation of this chapter and the problems causing enforcement have not been corrected, (b) an administrative order has been issued for violation of this chapter, or (c) a laboratory is not in compliance with this chapter at the time it voluntarily relinquishes its certification or registration, the problems have not been corrected, and 6 months have not elapsed.
- The certification or registration period is September 1 to August 31.
- Certification is nontransferable. If ownership changes, a transfer of ownership application must be submitted.
- Incomplete applications expire one year from the application receipt date.
- Fees are non-refundable, except for overpayment.
- The WDNR should be informed of any changes in the information given in this application.

**Part 9: Applicant Signature**

In signing this application, the laboratory has:

- Established and will follow quality control procedures specified in s. NR 149.14, Wis. Adm. Code.
- Complied and will continue to comply with the Wisconsin Laboratory Certification and Registration Code, ch. NR 149, Wis. Adm. Code.
- Agreed to allow the Wisconsin Department of Natural Resources or its representatives to inspect the laboratory to determine compliance with ch. NR 149, Wis. Adm. Code.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner or Agent

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address (if different from laboratory):

**Have you included the following in this package?**

- ☐ Fees; payable to Wisconsin Department of Natural Resources
- ☐ Reference Sample Results
- ☐ Proof of Intent to Perform Work in Wisconsin
- ☐ Equipment List
- ☐ Detection Limit and Initial Demonstration of Capability data, where required
- ☐ Quality Assurance Manual, initial applications only

**MAIL COMPLETED APPLICATION AND ATTACHMENTS TO:**

Wisconsin Department of Natural Resources  
Laboratory Certification Program  
P.O. Box 7921  
Madison, WI, 53707-7921